|  |  |  |
| --- | --- | --- |
| New Hire Information  To be completed at store level | | |
|  | □ Part Time | □Seas/Temp  □ Salaried (4) |
| □ Hourly (1) |
| Position: |
| Rate of Pay: |
| Date of Hire: |  | |
| Employee |  | |
| Signature: |  | |
|  |

/ /

Date of Application

Store Number:

**Book Warehouse**

Application for Employment

Store Name: (Pre-employment Questionnaire)

an Equal Opportunity Employer

Please Print All Information Clearly

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Personal Information** | | | | | |
| Last  Name: | First  Name: | | | Middle  Name | Are you a US citizen?  ( ) yes ( ) no |
| Present Street Address: | City | State | Zip | | How long have you lived there? |
| Previous Street Address: | City | State | Zip | | How long did you live there? |
| Phone number | Social security  Number: | | If you are not between the ages of 18 – 70,  state your age: | | |
| Email | | |  | |  |
| Position  Desired: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Schedule Desired: Hours    S M T W Th F S Available \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Date  Available:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | Salary  Expected:  $ \_\_\_\_\_ per hour |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Education** | | | | | |
| School Most Recently Attended | Name and Location of School | Degree/Area of Study | Number of Years Attended | | Graduated (Check One) |
| * High School * Junior College * College * Graduate School | Name: |  |  | | * Yes * No |
| City: State: | From Date:  To Date: |  |
|  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Employment History**  List employment starting with your most recent position. Account for any time during this period that you were unemployed by stating the nature of your activities. If you have less than four places of employment, include personal references to be contacted. May we contact your present employer? ( ) Yes ( ) No. | | | | | | | |
| Dates | | | Name & Address of Employer | Position Held & Supervisor | List Major Duties | Wages | Reason for Leaving |
| From: | / |  | Name: | Your Job Title: |  | Starting: |  |
| mo |  | yr | Address: |  |  |
| To: | / |  | Supervisor: | Final: |
| Phone: |  |  |
| mo |  | yr |
| From: | / |  | Name: | Your Job Title: |  | Starting: |  |
| mo |  | yr | Address: |  |  |
| To: | / |  | Supervisor: | Final: |
| Phone: |  |  |
| mo |  | yr |
| From: | / |  | Name: | Your Job Title: |  | Starting: |  |
| mo |  | yr | Address: |  |  |
| To: | / |  | Supervisor: | Final: |
| Phone: |  |  |
| mo |  | yr |

|  |  |
| --- | --- |
| **Special Skills** | |
| Typing Computer Experience  Speed: wpm (Specify): | Other equipment  operated: |
| Other skills applicable to  position applied for: | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Military Service** | | | | |
| Branch of Service: | Technical Specialization: | Rank Attained: | Date  Entered: | Date  Discharged: |
|  |  |  | / | / |
| mo yr | mo yr |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Miscellaneous** | | | | |
| Is there any additional information involving a change of your name or assumed name that will permit us to check your work record? If yes please explain: | | | | |
| Have you ever been employed by this company or any of its affiliates □ Yes before? □ No | | When: | Where: | Position: |
| List names of friends or relatives  now employed by this company: | | | | |
| List any hobbies or special  interests you have: | | | | |
| Have you ever been convicted □ Yes  of a crime? □ No | If yes, please  explain: | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Person to Contact in Case of Emergency** | | | |
| This information is to facilitate contact in the event of an emergency and is not used in the selection process. | | | |
| Full  Name: | Address: | Phone: | Relationship to you? |
| Place of  Employment: | Address: | Phone: |

|  |  |  |  |
| --- | --- | --- | --- |
| **Please Read This Statement Carefully** | | | |
| The following statement applies in: Maryland and Massachusetts. (Fill in name of state)  It is unlawful in the state of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability. | | | |
| In case of emergency notify: | Signature of Applicant | | |
| Name Address Phone No.  “I certify that all the information submitted by me on this application is true and complete, and I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and, if I am employed, my employment may be terminated at any time. I authorize a thorough investigation to be made in connection with this application concerning my character, general reputation, whichever may be applicable. I understand that this investigation may include personal interviews with third parties, such as family members, business associates, financial sources, friends, neighbors, or others with whom I am acquainted. This includes a credit report and a criminal background investigation. In consideration of my employment, I agree to conform to the company's rules and regulations, and I agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at either my or the company's option. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause, and with or without notice, at any time by the company. I understand that no company representative, other than its president, and then only when in writing and signed by the president, has any authority to enter into any agreement for employment for any specific period of time.”  Date: Signature: | | | |
| DO NOT WRITE BELOW THIS LINE | | | |
| Interviewed By: Date: | | | |
| Remarks: | | | |
|  | | | |
| Neatness: Ability: | | | |
| Hired: ( ) Yes ( ) No Position: Department: | | | |
| Salary/Wage: Date Reporting to Work: | | | |
| Approved: 1) 2) 3) | | | |
| Employment Manager Department Head | | General Manager |  |
| This form has been designed to strictly comply with State and Federal fair employment practice laws prohibiting employment discrimination. | |  | PW94-12B |